

Work Able Scotland - Training Agreement

1. SDS area (choose area based on Customer's home address)		
2. Provider licence number (prepopulated on CTS)		
3. Provider name (prepopulated on CTS)		
4. Contract		Select "Employability Fund – Stage 2"
5. Qualification Type (Select one Output Type)	Health and Wellbeing "WAS001"	Personal social development "WAS002"
	Core Skills "WAS003"	Work related learning "WAS004"
	Enterprise Education "WAS005"	

PERSON DETAILS									
6. Last Name			7. NI Number (insert temporary NI Number generated from CTS)						
8. Title			9. NI Number						
10. First Name			11.SQA Candidate No						
12. Address			13. Tel. No. (home)						
			14.Mobile No.						
			15. E-mail address						
16. Post Code			17. Date of Birth						
18. Benefit claimed		ESA		UC	19. Disabled Person		Yes		No
20. Ex Offender		Yes		No	21.Care leaver		Yes		No

ASSIGNMENT DETAILS										
22.Start Date			23.Expected End Date							
24. ESOL needed?		Yes	No							
25. Project Title			Insert actual NI number detailed in Q9 above)							
26. ESF Dossier Number			Insert type of benefit claimed detailed in Q18 above							
27. VQ already held (SCQF level already held)										
28. Expected attainment			Select "Job Outcome"							
29. Eligibility Code (Mandatory field must be completed prior to saving the record.)			Select "2a" for all WAS starts			30. Referred by		Select "DWP"		
31. Participation			Select "full time"			32. Literacy or numeracy required?		Tick if required		
33. Information exchange compliance			The box must be ticked to proceed. It relates to the customer signature captured below							
34. SOC 2000			Search for Initial Assessment (process described in guidance document)							
35. Employed status			Select "not employed"		36. Unemployed duration at start of training? (select from drop down)					

WORK EXPERIENCE DETAILS										
37. Licence number			If no work experience planned enter "CW3654AA" If work experience planned enter "CW3654AB"							
The remaining information is only required if work experience is planned										
38. Employer Name						39. Contact Name				
40. Address						41. Telephone Number				
						42. Mobile Number				
43. Post Code						44. Email				

INFORMATION EXCHANGE AND CO-OPERATION STATEMENT Work Able Scotland (WAS) is funded by The Skills Development Scotland Co Ltd. ("SDS"). It is necessary for information regarding yourself relating to your training and subsequent course of your career ("Relevant Information") to be passed to SDS to enable it to monitor, audit and evaluate WAS. Evaluation may include requesting you to complete any questionnaire issued by or on behalf of SDS and/or Scottish Ministers.

In addition, for the purposes of monitoring training provider compliance and quality assurance and to assist with policy development, SDS or its nominated agents, may wish to contact you by post, text, email or telephone, or meet with you directly to discuss the training you have received.

SDS and SDS' partners may wish to contact you to alert you to, and discuss with you, any additional career services offered by SDS (or an SDS partner) from time to time.

INFORMATION EXCHANGE CONSENT AND UNDERTAKING By agreeing to participate in WAS, I confirm that I have read and understand the contents of this Information Exchange and Co-operation Statement and hereby:-

- (a) consent to the Relevant Information being passed to public authorities concerned with economic and/or skills development ('SDS Partners') (including but not limited to SDS, Scottish Ministers, the European Commission and/or government departments); and/or awarding bodies for vocational qualifications;
- (b) consent to SDS and any SDS Partners contacting me either directly or through duly authorised agents to assist SDS and SDS Partners in the monitoring, audit and/or evaluation of WAS and the assessment of the impact of WAS;
- (c) consent to SDS and any of the SDS Partners contacting me either directly or through duly authorised agents to alert me to, and where appropriate, discuss with me, any additional career services offered by SDS and/or any of the SDS Partners;
- (d) undertake to co-operate fully with SDS (and/or SDS's agents, as applicable) in response to any reasonable request for information concerning my participation in WAS, to enable SDS to monitor training provider compliance and quality assurance and to assist with policy development; and
- (e) confirm the details entered on the Training Agreement are correct.

Customer Signature _____ Date _____

IMPORTANT INFORMATION: Training Provider declaration at the bottom of the page needs to be completed when registering Customers on CTS

Creditor Details

Licence Number

Customer Details

First Name

Last Name

45 LEAVING CODES & 46. REASON
IT IS ESSENTIAL THAT THE MOST APPROPRIATE LEAVING CODE IS SELECTED

Code	Description	
30	00 Individual's Circumstances	
30	01 No longer wishes to continue with programme	<input type="checkbox"/>
30	02 Not achieving in accordance with Training Plan	<input type="checkbox"/>
30	03 Personal issues, prohibit participation	<input type="checkbox"/>
30	04 Not used	<input type="checkbox"/>
30	05 Death	<input type="checkbox"/>
30	06 Financial reasons	<input type="checkbox"/>
30	07 Relocated / Moved Away	<input type="checkbox"/>
30	08 Homeless and could not sustain employment	<input type="checkbox"/>
30	09 Serious Injury	<input type="checkbox"/>
30	10 Pregnancy	<input type="checkbox"/>
30	11 Detained in Custody	<input type="checkbox"/>
30	12 Called up for armed forces	<input type="checkbox"/>
30	13 Health	<input type="checkbox"/>
31	00 Progression to Job	
31	01 Found permanent employment placement employer	<input type="checkbox"/>
31	02 Found permanent employment another employer	<input type="checkbox"/>
31	03 Self employed	<input type="checkbox"/>
31	04 Not used	<input type="checkbox"/>
32	00 Progression - more Advanced forms of Learning	
32	01 Progression or return to College	<input type="checkbox"/>
32	02 Progression or return to University	<input type="checkbox"/>
32	03 Entered other forms of training	<input type="checkbox"/>
32	04 Progression to MA	<input type="checkbox"/>
32	05 Not used	<input type="checkbox"/>
32	06 Not used	<input type="checkbox"/>
33	00 Not used	<input type="checkbox"/>
34	00 Completed and is now in negative destination	<input type="checkbox"/>
35	00 Course Related	
35	01 Not used	<input type="checkbox"/>
35	02 Disliked the course content	<input type="checkbox"/>
35	03 Course no longer related to plans	<input type="checkbox"/>
36	00 Disciplinary	
36	01 Did not attend after registration	<input type="checkbox"/>
36	02 Did not attend placement/work experience	<input type="checkbox"/>
36	03 Poor Attendance	<input type="checkbox"/>
36	04 Bad time-keeping	<input type="checkbox"/>
36	05 Other disciplinary issues	<input type="checkbox"/>
37	00 Other	
37	01 Admin Error	<input type="checkbox"/>

47 Leaving Date

48 Fulfilled Plan? Yes No

49 Employed Status on Leaving
Employed Not Employed Self Employed

50 SOC Code on leaving (see SOC2000 guidance notes)

Please note:-Where leaving code 37 01 Admin Error is entered to CTS, the NTP Hub will automatically recover all claims processed for participant

Training Provider Declaration

I certify that the information given in consultation with the customer and the employer is correct and if claiming a payment, I have the evidence that the customer has achieved the necessary requirements of the customer's training plan.

Print Name

Signature

Date